

CITY OF TAUNTON – PARKS & CEMETERIES DEPARTMENT

REQUEST FOR INFORMATION FORM

PLEASE FAX THIS FORM TO 508-821-1065

Date Faxed: _____

Monument Company Name: _____

Contact Name: _____

Phone Number: _____ Fax Number: _____

I am requesting information for buyer:

Buyer Name: _____

Address: _____ City: _____

Phone Number: _____

Cemetery Location _____

Deceased Name: _____

Date of Death: _____

This is a Marker Request: _____ This is a Foundation Request: _____

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Office Use Only

Cemetery: _____

THIS IS A _____ GRAVE LOT

Lot Number: _____ Section : _____ Grave # _____

All fees to the City have been paid in full. YES: _____ NO: _____ (If No, before a grave is marked, additional fee to the Cemetery will be required. Please contact the office for further information.)

Signed: _____ Dated: _____